

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26419

State File No.

Registration District No. 1271

Primary Registration District No. 6146-

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Jackson
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME AWO Edna DRIESEL

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June - 26 - 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 11 7 hr. min.

9. Birthplace Raymondville, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Nate Barton

13. Birthplace Big Creek, MO.
(City, town, or county) (State or foreign country)

14. Maiden name Leola Scott

15. Birthplace Licking, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Nate Barton

(b) Address Raymondville, MO.

17. (a) Mrs. Mahan (b) Date thereof June 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Smith & Flanagan

(b) Address Licking, MO.

19. (a) June 3 (b) Mrs. Donna Gregory
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Texas

(c) City or town Rural Jackson
(If outside city or town limit, write "RURAL")

(d) Street No. 3 Michigan 1/2 mi. East
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 2
year 1941 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from APRIL 10, 1941 to JUNE 2, 1941
that I last saw her alive on MAY 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death PERITONITIS SECONDARY TO SALPINGITIS
Due to of UNKNOWN ETIOLOGY

Due to

Other conditions 1390
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. D. or other

Address HOUSTON Date signed 6-3

100 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number 7411221

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.